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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K36966** **(5)**

1. Corporation Name
JENN HARRIS, INC.

Principal Place of Business	Mailing Address
6020 NW 64TH AVE #101 TAMARAC FL 33319	6020 NW 64TH AVE #101 TAMARAC FL 33319-2249

3. Date Incorporated or Qualified: 10/06/1988
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business
21: 993 University Dr.
Suite, Apt. #, etc.
22: Coral Springs FL
City & State
23:
Zip 24: 33071
Country 25: USA

2a. Mailing Address
26: 993 University Dr
Suite, Apt. #, etc.
27:
City & State
28: Coral Springs FL
Zip 29: 33071
Country 30: USA

4. FEI Number: 65-0080652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SARROW, JEFFREY E
300 S. PINE ISLAND ROAD
SUITE 204
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Mitch Epstein
82 Street Address (P.O. Box Number is Not Acceptable): 993 University Drive
83:
84 City: Coral Springs FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/11/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EPSTEIN, LAWRENCE 6020 N.W. 64TH AVE #101 TAMARAC FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EPSTEIN, MAXINE 6020 NW 64TH AVENUE #101 TAMARC FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Maxine Epstein 993 University Drive Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EPSTEIN, DOROTHY 6751 N. UNIVERSITY DR. TAMARAC FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition 4/11/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD Mitchell Epstein 993 University Drive Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T, S, D Karen Epstein 993 University Drive Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002147050 -04/17/97--01101--034 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED 4-11-97 954-341-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #